



DEPARTMENT OF THE ARMY  
HEADQUARTERS, U.S. ARMY MEDICAL DEPARTMENT CENTER AND SCHOOL  
AND FORT SAM HOUSTON  
FORT SAM HOUSTON, TEXAS 78234-5014

MCCS-AA

15 NOV 2005

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: OCONUS Leave or Travel Clearance Policy

1. References.

- a. DoD Directive 4500.54
- b. DoD 4500.54-G, Foreign Clearance Guide (FCG), <https://www.fcg.pentagon.mil/>
- c. AR 55-46, Travel Overseas, 20 Jun 94
- d. AR 600-8-10, Leaves and Passes, 31 Jul 03

2. Purpose. This policy serves to delineate policy and implement procedures for the processing of all outside the continental United States (OCONUS) travel requests.

3. Scope. This memorandum applies to all personnel assigned or attached to the Army Medical Department Center and School (AMEDDC&S). For the purposes of official TDY, this applies to all military and Department of the Army civilians. All other forms of OCONUS travel, to include PTDY, leave and pass; applies to all military personnel.

4. Policy.

a. The Commander, 32d Medical Brigade is the travel approval authority for OCONUS travel for all assigned and attached personnel under the AMEDDC&S.

b. The FCG is recognized by DoD as the sole prescribing authority for travel clearance. Compliance with the FCG and travel approval authority guidelines is mandatory for the processing of all OCONUS travel.

c. For the purposes of permissive TDY, leave and/or pass, approval from the travel authority is required. Leave or travel within U.S. possessions of Puerto Rico, Virgin Islands, Guam, American Samoa and Northern Mariana Islands do not require travel clearance.

d. For the purpose of Official TDY, locations should be undertaken only when the need is absolutely clear, and then only by the smallest groups possible, consistent with mission requirements.

e. All OCONUS travel requests must be submitted through the XO, AMEDD Center and School at least **45 days** prior to proceed date of travel. The required formats for the travel requests are enclosed with this policy.

MCCS-AA  
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f. The information requested for inclusion on the memorandum is required to obtain country, theater and special area travel clearance(s), as required. Failure to submit the travel request memorandum or to comply with any requested information from the travel manager may cause delay or denial of OCONUS travel clearance.

g. Final approval from the Commander, 32d Medical Brigade is required by all personnel prior to commencement of any OCONUS travel. The approved travel clearance documents must accompany the final travel order. Failure to comply with this action may result in UCMJ action.

5. Procedures.

a. Complete Anti-Terrorism and Force Protection training.

b. Contact the Security Office to set up Area Specific Briefing, if applicable. Provide the Security Office the travelers' SSN and destination one working day prior to the requested briefing to minimize the time required for the briefing.

c. Submit completed request for Official travel to the Executive Officer, AMEDD Center and School. The request will then be forwarded to the 32d Medical Brigade Travel Manager/G1 for action. For other OCONUS travel, requests should be submitted through command channels to the 32d Medical Brigade Travel Manager/G1.

d. Traveler will be notified when travel clearance and TDY approval memorandum is completed.

FOR THE COMMANDER:

- 2 Enclosures  
1. Leave/Pass/PTDY  
2. Official TDY



RICHARD L. AGEE  
Colonel, MS  
Chief of Staff

DISTRIBUTION:  
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**Enclosure 1 (Leave/Pass/PTDY Format)**

(LETTERHEAD)

(OFFICE SYMBOL)

MEMORANDUM FOR Commander, 32<sup>d</sup> Medical Brigade, ATTN: OCONUS Travel Manager/G1,  
Wagner Hall, 2355 Harney Road, Fort Sam Houston, Texas 78234

SUBJECT: Request Approval of Leave/Pass/PTDY (OCONUS)

1. Request approval for leave and appropriate clearances. The following information is submitted.
2. Particulars of Visitor:
  - a. Name, Rank, SSN, Duty Title:
  - b. Complete Unit Address/Phone #:
  - c. Date and Place of Birth:
  - d. Passport no. and date/place of Issue:
3. Dates of Leave/Pass/PTDY:
4. Proposed Itinerary and location:
  - a. Point of Contact or person to be visited:
  - b. Address:
  - c. Phone #:
5. Purpose of Visit:
6. Anti-Terrorism and Force Protection Briefing Date:
7. Point of contact for this request (name and DSN/commercial number).

(Commander's Signature and  
Signature Block)

**Enclosure 2 (Official TDY Format)**

(LETTERHEAD)

(Office Symbol)

MEMORANDUM FOR Commander, 32d Medical Brigade, ATTN: OCONUS Travel  
Manager/G1, Wagner Hall, 2355 Harney Road, Fort Sam Houston, TX 78234

SUBJECT: Request Approval of OCONUS TDY Travel (Theater/Country/ Special Area  
Clearance as Applicable)

1. Request approval of OCONUS TDY and appropriate clearance(s). The following information is submitted in accordance with (IAW) AR 55-46 and DOD Foreign Clearance Guide.

2. Particulars of visitor(s): (**Note: Start with Senior Rank**)

a. Senior ranking visitor:

- (1) Rank and Name:
- (2) SSN:
- (3) Security Clearance:
- (4) Date and place of birth:
- (5) Passport number and expiration date/place of issue:
- (6) Duty Title/Position:
- (7) Complete Unit address:

b. Visitor number two: (**same info as 2a above, repeat as necessary for all visitors**)

3. Departure date and number of days TDY:

4. Mode of transportation: (**To be determined by local transportation office unless otherwise specified by hosting unit/agency**)

5. Proposed itinerary and locations:

a. First location:

- (1) Unit/agency/facility to be visited:
- (2) Location: (**Complete address, city, country**)
- (3) Point of contact:
- (4) DSN and commercial phone numbers:
- (5) DSN and commercial FAX numbers:
- (6) Date of arrival at location:

OFFICE SYMBOL

SUBJECT: Request Approval of OCONUS TDY Travel (Theater/Country/ Special Area Clearance as Applicable)

- (7) Date of departure:
- (8) Specific/detailed purpose of visit:
- (9) Type of visit: ***(initiated by USG, foreign gov't, commercial initiative, by invitation, or initiated by visitor)***
- (10) Statement as to whether classified information will be discussed and whether visitor will meet with foreign officials. If classified information is to be discussed and/or disclosed to foreign officials, indicate security classification of information and authority for disclosure.
- b. Second location: ***(same info as above, repeat as necessary)***
- 6. Statement of funding source:
- 7. Logistical support required:
- 8. Medical statement that traveler is fit for travel in the area(s) involved.
- 9. Alternate dates if visit cannot be accommodated at preferred time.
- 10. Copies of any correspondence about travel requested from an overseas commander/host (particularly, invitations). **Invitations from non-military organizations must include their POCs, phone number, and complete address for both CONUS and OCONUS locations coordinating travel arrangements for all participants.**
- 11. Dates and length of last visit to the area by traveler.
- 12. Implications if travel is not approved.
- 13. Complete justification if request does not meet the required lead time.
- 14. **I, the undersigned, certify that the above named individual(s) has/have been administered the appropriate Anti-Terrorism/Force Protection Briefing. The briefing was administered on (Date) (not more than 6 months prior to travel date).**
- 15. Point of contact for this request ***(name and DSN/Commercial number)***.

(Executive Officer, AMEDDC&S Signature Block)